FORM INSP Rev 05/11

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

DE	ET	OE	ES

Inspection Date: 04/21/2015

Document Number: 673900922

Overall Inspection: **ACTION REQUIRED**

FIELD INSPECTION FORM

Location Identifier	Facility ID	Loc ID	Inspector Name:	On-Site Inspection	2A Doc Num:
	435859	435861	Rains, Bill	☐	

Operator Information:

OGCC Operator Number: 96155

Name of Operator: WHITING OIL & GAS CORPORATION

Address: 1700 BROADWAY STE 2300

City: DENVER State: CO Zip: 80290

☐ THIS IS A FOLLOW UP INSPECTION

☐ FOLLOW UP INSPECTION REQUIRED

☐ NO FOLLOW UP INSPECTION REQUIRED

☒ INSPECTOR REQUESTS FORM 42 WHEN CORRECTIVE ACTIONS ARE COMPLETED

Contact Information:

Contact Name	Phone	Email	Comment
Mezyblo, Cara	(303) 876-7091	cara.mezyblo@whiting.com	All Inspections

Compliance Summary:

QtrQtr: SWNE Sec: 29 Twp: 10N Range: 57W

Inspector Comment:

Related Facilities:

Facility ID	Type	Status	Status Date	Well Class	API Num	Facility Name	Insp Status	
435855	WELL	XX	01/16/2014	LO	123-38800	Horsetail 29G-3209A	ND	☒
435856	WELL	XX	01/16/2014	LO	123-38801	Horsetail 29G-2011A	ND	☒
435857	WELL	XX	01/16/2014	LO	123-38802	Horsetail 29G-2009A	ND	☒
435858	WELL	XX	01/16/2014	LO	123-38803	Horsetail 29G-3212B	ND	☒
435859	WELL	PR	02/13/2015	OW	123-38804	Horsetail 29G-2012B	PR	☒
435860	WELL	XX	01/16/2014	LO	123-38805	Horsetail 29G-3210B	ND	☒
435862	WELL	XX	01/16/2014	LO	123-38806	Horsetail 29G-2010B	ND	☒
435863	WELL	XX	01/16/2014	LO	123-38807	Horsetail 29G-3211A	ND	☒

Equipment: Location Inventory

Inspector Name: Rains, Bill

Special Purpose Pits:		Drilling Pits:		Wells:	8	Production Pits:	
Condensate Tanks:		Water Tanks:	8	Separators:	4	Electric Motors:	
Gas or Diesel Mortors:		Cavity Pumps:		LACT Unit:		Pump Jacks:	8
Electric Generators:		Gas Pipeline:		Oil Pipeline:		Water Pipeline:	
Gas Compressors:		VOC Combustor:	1	Oil Tanks:	16	Dehydrator Units:	
Multi-Well Pits:		Pigging Station:		Flare:	1	Fuel Tanks:	

Location

Signs/Marker:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
CONTAINERS	SATISFACTORY			
BATTERY	SATISFACTORY			
TANK LABELS/PLACARDS	SATISFACTORY			
WELLHEAD	SATISFACTORY			

Emergency Contact Number (S/A/V): SATISFACTORY

Corrective Date:

Comment:

Corrective Action:

Good Housekeeping:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
UNUSED EQUIPMENT	ACTION REQUIRED	STRING OF 4 1/2 TUBING AND 3 500BBL MOBLE FRAC TANKS ON LOCATION	REMOVE UNUSED EQUIPMENT	05/21/2015

Spills:

Type	Area	Volume	Corrective action	CA Date

☐ Multilple Spills and Releases?

Fencing/:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date
LOCATION	SATISFACTORY	WIRE		
IGNITOR/COMBUSTOR	SATISFACTORY	WIRE		

Equipment:

Type	#	Satisfactory/Action Required	Comment	Corrective Action	CA Date
Veritcal Heater Treater	1	SATISFACTORY			
Vertical Separator	1	SATISFACTORY			
Ancillary equipment	2	SATISFACTORY	PROPAIN AND CHEM TANKS		
Gas Meter Run	1	SATISFACTORY			
Bird Protectors	2	SATISFACTORY			

Prime Mover	1	SATISFACTORY	ELECTRIC MOTOR		
Emission Control Device	1	SATISFACTORY			
Flare	1	SATISFACTORY			
Pump Jack	1	SATISFACTORY			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
			CENTRALIZED PAD	,

S/A/V:		Comment:	

Corrective Action:		Corrective Date:	

Paint

Condition	

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
PRODUCED WATER	2	400 BBLS	STEEL AST	,

S/A/V:	SATISFACTORY	Comment:	

Corrective Action:		Corrective Date:	

Paint

Condition	Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance

Corrective Action		Corrective Date	
Comment			

Facilities: ☐ New Tank Tank ID: _____

Contents	#	Capacity	Type	SE GPS
CRUDE OIL	6	400 BBLS	STEEL AST	40.811240,-103.772730

S/A/V:	SATISFACTORY	Comment:	

Corrective Action:		Corrective Date:	

Paint

Inspector Name: Rains, Bill

Condition	Adequate

Other (Content) _____

Other (Capacity) _____

Other (Type) _____

Berms

Type	Capacity	Permeability (Wall)	Permeability (Base)	Maintenance
Metal	Adequate	Walls Sufficent	Base Sufficient	Adequate

Corrective Action		Corrective Date	
Comment			

Venting:

Yes/No	Comment
NO	

Flaring:

Type	Satisfactory/Action Required	Comment	Corrective Action	CA Date

Predrill

Location ID: 435859

Site Preparation:

Lease Road Adeq.: _____ Pads: _____ Soil Stockpile: _____

S/A/V: _____

Corrective Action: _____ Date: _____ CDP Num.: _____

Form 2A COAs:

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Wildlife BMPs:

BMP Type	Comment
Material Handling and Spill Prevention	Spill Prevention Control and Countermeasures (SPCC) plans are in place to address any possible spill associated with oil and gas operations throughout the State of Colorado. • Materials and fluids will be stored in a neat and orderly fashion. • Waste will be collected regularly and disposed of at an offsite facility. • Prompt cleanup is required of spills to minimize waste materials entering the stormwater runoff. • Drip pans will be used during fueling and maintenance to contain spills or leaks. • Cleanup of trash and discarded material will be done at the end of the work day. • Cleanup will consist of monitoring the road, location and any other work areas. • Material to be cleaned up includes trash, scrap, and contaminated soil.
Storm Water/Erosion Control	Stormwater management plans (SWMP) are in place to address construction, drilling and operations associated with oil and gas development throughout the State of Colorado. BMPs will be constructed as necessary to prevent stormwater from leaving the construction site. BMPs used will vary according to the location, and will remain until the pad is reclaimed.

S/A/V: _____ **Comment:** _____

CA: _____ **Date:** _____

Stormwater:

Comment: _____

Staking:

On Site Inspection (305):

Surface Owner Contact Information:

Name: _____ Address: _____

Phone Number: _____ Cell Phone: _____

Operator Rep. Contact Information:

Landman Name: _____ Phone Number: _____

Date Onsite Request Received: _____ Date of Rule 306 Consultation: _____

Request LGD Attendance: _____

LGD Contact Information:

Name: _____ Phone Number: _____ Agreed to Attend: _____

Summary of Landowner Issues:

Summary of Operator Response to Landowner Issues:

Onsite Inspection Memorandum Summarizing Discussions at Inspection as Attachment:

Inspector Name: Rains, Bill

Facility

Facility ID: 435855 Type: WELL API Number: 123-38800 Status: XX Insp. Status: ND

Well Drilling

Rig: Rig Name: Pusher/Rig Manager:

Permit Posted: Access Sign:

Well Control Equipment:

Pipe Ram: Blind Ram: Hydril Type:

Pressure Test BOP: Test Pressure PSI: Safety Plan:

Drill Fluids Management:

Lined Pit: Unlined Pit: Closed Loop: Semi-Closed Loop:

Multi-Well: Disposal Location:

Comment:

WELL NOT DRILLED

Facility ID: 435856 Type: WELL API Number: 123-38801 Status: XX Insp. Status: ND

Well Drilling

Rig: Rig Name: Pusher/Rig Manager:

Permit Posted: Access Sign:

Well Control Equipment:

Pipe Ram: Blind Ram: Hydril Type:

Pressure Test BOP: Test Pressure PSI: Safety Plan:

Drill Fluids Management:

Lined Pit: Unlined Pit: Closed Loop: Semi-Closed Loop:

Multi-Well: Disposal Location:

Comment:

WELL NOT DRILLED

Facility ID: 435857 Type: WELL API Number: 123-38802 Status: XX Insp. Status: ND

Well Drilling

Rig: Rig Name: Pusher/Rig Manager:

Permit Posted: Access Sign:

Well Control Equipment:

Pipe Ram: Blind Ram: Hydril Type:

Pressure Test BOP: Test Pressure PSI: Safety Plan:

Drill Fluids Management:

Lined Pit: Unlined Pit: Closed Loop: Semi-Closed Loop:

Multi-Well: Disposal Location:

Comment:

WELL NOT DRILLED

Facility ID: 435858 Type: WELL API Number: 123-38803 Status: XX Insp. Status: ND

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____

Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____

Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____

Multi-Well: _____ Disposal Location: _____

Comment:

WELL NOT DRILLED

Facility ID: 435859 Type: WELL API Number: 123-38804 Status: PR Insp. Status: PR

Producing Well

Comment: PR

BradenHead

Comment: BRADENHEAD EXPOSED TO SURFACE

CA: _____

CA Date: _____

Facility ID: 435860 Type: WELL API Number: 123-38805 Status: XX Insp. Status: ND

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____

Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____

Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____

Multi-Well: _____ Disposal Location: _____

Comment:

WELL NOT DRILLED

Facility ID: 435862 Type: WELL API Number: 123-38806 Status: XX Insp. Status: ND

Well Drilling

Rig: Rig Name: _____ Pusher/Rig Manager: _____

Permit Posted: _____ Access Sign: _____

Well Control Equipment:

Pipe Ram: _____ Blind Ram: _____ Hydril Type: _____

Pressure Test BOP: _____ Test Pressure PSI: _____ Safety Plan: _____

Drill Fluids Management:

Lined Pit: _____ Unlined Pit: _____ Closed Loop: _____ Semi-Closed Loop: _____

Multi-Well: _____ Disposal Location: _____

Comment:

WELL NOT DRILLED

Facility ID: 435863 Type: WELL API Number: 123-38807 Status: XX Insp. Status: ND

Well Drilling

Rig: Rig Name: Pusher/Rig Manager:

Permit Posted: Access Sign:

Well Control Equipment:

Pipe Ram: Blind Ram: Hydril Type:

Pressure Test BOP: Test Pressure PSI: Safety Plan:

Drill Fluids Management:

Lined Pit: Unlined Pit: Closed Loop: Semi-Closed Loop:

Multi-Well: Disposal Location:

Comment:

WELL NOT DRILLED

Environmental

Spills/Releases:

Type of Spill: Description: Estimated Spill Volume:

Comment:

Corrective Action: Date:

Reportable: GPS: Lat Long

Proximity to Surface Water: Depth to Ground Water:

Water Well:

Lat Long

DWR Receipt Num: Owner Name: GPS :

Field Parameters:

Sample Location:

Emission Control Burner (ECB): Y

Comment:

Pilot: ON Wildlife Protection Devices (fired vessels): YES

Reclamation - Storm Water - Pit

Interim Reclamation:

Date Interim Reclamation Started: Date Interim Reclamation Completed:

Land Use: RANGELAND

Comment:

1003a. Debris removed? Pass CM

CA CA Date

Waste Material Onsite? Pass CM CUTTING ON LOCATION MARKED AND WITH WADDLES AROUND PILE

CA CA Date

Unused or unneeded equipment onsite? Pass CM

CA _____ CA Date _____

Pit, cellars, rat holes and other bores closed? Pass CM _____

CA _____ CA Date _____

Guy line anchors removed? Pass CM _____

CA _____ CA Date _____

Guy line anchors marked? _____ CM _____

CA _____ CA Date _____

1003b. Area no longer in use? Pass Production areas stabilized ? Pass

1003c. Compacted areas have been cross ripped? _____

1003d. Drilling pit closed? Pass Subsidence over on drill pit? Pass

Cuttings management: _____

1003e. Areas no longer needed for drilling or subsequent operations for have been re-vegetated to 80% of pre-existing? _____

Production areas have been stabilized? _____ Segregated soils have been replaced? _____

RESTORATION AND REVEGETATION

Cropland

Top soil replaced _____ Recontoured _____ Perennial forage re-established _____

Non-Cropland

Top soil replaced _____ Recontoured _____ 80% Revegetation _____

1003 f. Weeds Noxious weeds? _____

Comment:

Overall Interim Reclamation _____

Final Reclamation/ Abandoned Location:

Date Final Reclamation Started: _____ Date Final Reclamation Completed: _____

Final Land Use: RANGELAND

Reminder: _____

Comment:

Well plugged _____ Pit mouse/rat holes, cellars backfilled _____

Debris removed _____ No disturbance /Location never built _____

Access Roads Regraded _____ Contoured _____ Culverts removed _____

Gravel removed _____

Location and associated production facilities reclaimed _____ Locations, facilities, roads, recontoured _____

Compaction alleviation _____ Dust and erosion control _____

Non cropland: Revegetated 80% _____ Cropland: perennial forage _____

Weeds present _____ Subsidence _____

Comment:

Corrective Action: Date _____

Overall Final Reclamation _____ Well Release on Active Location ☐ Multi-Well Location ☐

Inspector Name: Rains, Bill

Storm Water:						
Loc Erosion BMPs	BMP Maintenance	Lease Road Erosion BMPs	Lease BMP Maintenance	Chemical BMPs	Chemical BMP Maintenance	Comment
Ditches	Pass	Gravel	Pass			
Waddles	Pass					
Gravel	Pass					
Berms	Pass	Ditches	Pass	MHSP	Pass	

S/A/V: SATISFACTORY Corrective Date: _____

Comment:

CA:

Pits: ☒ NO SURFACE INDICATION OF PIT

ACTION REQUIRED

ANY ACTION REQUIRED items listed on this report indicate that the oil and gas facility or the oil and gas operations listed on the report may be in violation of the rules and regulations of the Colorado Oil and Conservation Commission ("COGCC") and corrective action is required.

There is reasonable cause to believe that a violation of the Oil and Gas Conservation Act, or of any rule, regulation, or order of the Commission, or of any permit issued by the Commission, has occurred. The Operator's compliance with this Inspection Report is required to resolve these alleged violations. This document requires the Operator to timely respond to the COGCC and to comply with directives as listed by the **Corrective Action Deadline Date.** Failure to do so will result in the issuance of a Notice of Alleged Violation and initiation of enforcement proceedings in which COGCC will seek monetary penalties for the alleged violations pursuant to § 34 -60-121, C.R.S. and Rule 523, COGCC Rules of Practice and Procedure, 2 CCR 404-1. (Please note that the COGCC's penalty authority was recently increased to a maximum of $15,000 per day and penalties are no longer capped at a maximum of $10,000 per violation.)